Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Grassroots Solutions	10 12 2014
Mailing Address 2828 University Avenue SE, #150	Amount
City State Zip Code	1301.02
City State Zip Code Minneapolis MN 55414	Transaction ID : D549520 Date of Disbursement or Obligation
Purpose of Expenditure Canvassers Category/ Type 001	10 12 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Dist 201-	bursement For:
Full Name of Payee Grassroots Solutions	Date of Public Distribution/Dissemination
Mailing Address 2828 University Avenue SE, #150	10 12 2014
2020 000	Amount
City State Zip Code	1301.02
Minneapolis MN 55414	Transaction ID : D549521 Date of Disbursement or Obligation
Purpose of Expenditure Canyassers Category/ 001	10 12 2014
Туре	10 12 2014
	ce Sought: House District: 00
TERRI LYNN LAND Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disi 201	bursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2602.04
	4
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not rewith, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Ms. Elizabeth H Shuler [Electronically Filed] Date	10 14 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	
	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
UNITE HERE Local 24	10 12 2014
Mailing Address 300 River Place Drive Suite 2700	Amount
City State Zip Code	51.68
Detroit MI 48207	Transaction ID : D549526 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	10 12 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee UNITE HERE Local 24	Date of Public Distribution/Dissemination
Mailing Address 300 River Place Drive Suite 2700	10 12 2014
300 River Place Drive Suite 2700	Amount
City State Zip Code	51.68
Detroit MI 48207	Transaction ID: D549527 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	10 12 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
GARY PETERS Oppose	President State: MI
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	103.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Buto	10 14 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 3 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Workers' Voice		C C00484287
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Voices of the American Federation of Governmen		10 12 2014
Mailing Address 80 F Street, NW	Ar	mount
City State Zip	Code	0.48
Washington DC 200	001 Tr	ansaction ID : D549531 ate of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Ca	ategory/ Type 002	10 12 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
CORY GARDNER		esident Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 3408	89.11 Disburser 2014	ment For:
Full Name of Payee Voices of the American Federation of Government Er Mailing Address 80 F Street, NW	mployees	ate of Public Distribution/Dissemination 10 12 12 2014 mount
City State Zip	Code	123.74
Washington DC 200	001 Tra	Insaction ID : D549537 ate of Disbursement or Obligation
Purpose of Expenditure InKind Staff Ca	ategory/ Type 001	10 12 7 2014
Name of Federal Candidate	Support Office Sc	ought: House District:00
TERRI LYNN LAND		esident State: MI
Calendar Year-To-Date Per Election for Office Sought	86551.91 Disburse 2014	ment For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	124.22
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Elizabeth H Shuler [Electronically	y Filed] Date 10	14 2014
Signature		

Schedule E)	NOENT EXICIO	TIONES		PAGE 4 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour rep	port New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Voices of the American Feder	ration of Governi	ment Employees	M = M	c Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	12 2014
City	State	Zip Code		180.00
Washington	DC	20001	Transaction Date of Disbu	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	M 10	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose		Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	,	54853.66	Disbursement For: 2014 Other (sp	Primary X General
Full Name of Payee Voices of the American Federat	ion of Governmer	nt Employees	M = M	ic Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	12 2014
City	State	Zip Code		104.65
Washington	DC	20001	Transaction II Date of Disb	D: D549541 ursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	12 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
MARK E UDALL		Oppose	President	Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		34089.11	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Ex	penditures			284.65
(b) SUBTOTAL of Unitemized Independent	Expenditures			
				4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 / 14	2014
oignatur e				

Schedule E)	INDENT EXICIND	ITORES		PAGE 5 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour re	eport New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Voices of the American Fede	eration of Governr	nent Employees	M M /	Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	12 2014
City	State	Zip Code		180.00
Washington	DC	20001	Transaction IE	
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10	12 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President X	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	,	54853.66	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Voices of the American Federa	ation of Governmen	it Employees	Date of Public	Distribution/Dissemination
Mailing Address 80 F Street, NW			Amount	12 2014
City	State	Zip Code		123.74
Washington	DC	20001	Transaction ID Date of Disbur	
Purpose of Expenditure InKind Staff		Category/ Type 001	10	12 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President X	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		86551.91	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent E	xpenditures		•	303.74
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	
			4	7 7
(c) TOTAL Independent Expenditures			•	492 472
Under penalty of perjury I certify that the with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
Ms. Elizabeth H Shuler Signature	[Electron	ically Filed] Date	10 14	2014
Oignataro				

Schedule E)	PAGE 6 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
AFSCME Special Account	
Mailing Address 1625 L Street, NW Amount	0 12 2014
City State Zip Code	60.23
Washington DC 20036 Transac	ction ID : D549555 Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
MARK BEGICH Oppose Presiden	Senate State: AK
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For:
AFL-CIO	Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW Amount	12 2014
City State Zip Code	11.78
Washington DC 20006 Transact	tion ID : D549560 Disbursement or Obligation
	0 12 Y 2014
Name of Federal Candidate Support Office Sought:	House District: 00
TERRI LYNN LAND Oppose Presider	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	72.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 10	14 2014

Schedule E)	PAGE 7 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends re	port filed on
Full Name of Payee	Date of Public Distribution/Dissemination
AFL-CIO	10 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW	Amount
City State Zip Code	11.78
Washington DC 20006	Transaction ID : D549562 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type 00	4 10 12 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
GARY PETERS Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 86551.91	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
AFT Solidarity 527	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.	Amount
City State Zip Code	191.15
Washington DC 20001	Transaction ID : D549576 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 00	1 10 12 12 2014
Name of Federal Candidate Support	Office Sought: House District: 00
TERRI LYNN LAND Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 86551.91	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	202.93
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	···· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Da	ate 10 14 2014
Olgitature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	LAPLINDI	TONES		PAGE 8 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	e of Public Distribution/Dissemination
AFT Solidarity 527				10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 555 New Jersey Ave. N.W.			Amo	punt
City	State	Zip Code		191.15
Washington	DC	20001		nsaction ID : D549578 e of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ght: House District:00
GARY PETERS		Oppose	Presi	- MI
Calendar Year-To-Date Per Election for Office Sought		86551.91	Disburseme 2014	ent For:
Full Name of Payee			Date	e of Public Distribution/Dissemination
Colorado AFL-CIO L2K				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 140 Sheridan Blvd			Amo	ount
City	State	Zip Code		78.12
Denver	СО	80226		saction ID: D549587 e of Disbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001		10 12 2014
Name of Federal Candidate		X Support	Office Sou	ght: House District: 00
MARK E UDALL		Oppose	Pres	ident State: CO
Calendar Year-To-Date Per Election for Office Sought		34089.11	Disbursem 2014	
101 21001011 121 12100				Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures.				269.27
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures				
				,
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Elizabeth H Shuler	[Flectron	ically Filed] Date	M M M	14 2014
Signature	Liectioni	Date	10	14 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedul	e E)	TI EXI END			PAGE 9 OF 12 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Worke	rs' Voice				C C00484287
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Na	ume of Payee CME for Michigan				of Public Distribution/Dissemination
Mailing	Address 1625 L Street, NW			Amou	10 12 2014 nt
City		State	Zip Code		210.65
Washi	ngton	DC	20036		action ID : D549601 of Disbursement or Obligation
	e of Expenditure Staff Travel		Category/ Type 002		10 12 2014
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
TERR	LYNN LAND		X Oppose	Preside	NAI NAI
	alendar Year-To-Date er Election for Office Sought	7	86551.91	Disbursemen 2014 O	t For:
AFS	CME for Michigan Address 1625 L Street, NW				of Public Distribution/Dissemination 10
City		State	Zip Code	— I	142.07
Washi		DC	20036		ction ID: D549602 of Disbursement or Obligation
	e of Expenditure Staff Travel		Category/ Type 002	TV	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		X Support	Office Sough	t: House District: 00
GARY	PETERS		Oppose	Preside	ent X Senate State: MI
	alendar Year-To-Date er Election for Office Sought	7 7	86551.91	Disbursemen 2014 O	t For: Primary
(a) SUE	BTOTAL of Itemized Independent Expenditure	res		•	352.72
(b) SUE	STOTAL of Unitemized Independent Expend	itures		•	7 1 7
(c) TOT	AL Independent Expenditures			•	7
with, or	enalty of perjury I certify that the independ at the request or suggestion of, any candid mmittee) any political party committee or its	ate or authorized			
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	e 10	14 2014
Signa	ature				

Schedule E)	JENT EXTEN	DITORILO	PAGE 10 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 12 2014 Amount
City.	Ctata	Zin Codo	10.60
City Washington	State DC	Zip Code 20036	10.60 Transaction ID : D549606 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		86551.91	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee AFSCME for Michigan			Date of Public Distribution/Dissemination
Mailing Address 1625 L Street, NW			10 12 2014 Amount
	0	7: 0 1	
City Washington	State DC	Zip Code 20036	38.18 Transaction ID : D549608 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
TERRI LYNN LAND		X Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		86551.91	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		48.78
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
			4 4
(c) TOTAL Independent Expenditures			>
	andidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electr	onically Filed] Date	10 14 2014
Signaturo			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		1101120		PAGE 11 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
			M = M	/ D D / Y Y Y Y
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	
Full Name of Payee AFSCME for Michigan			M = M	olic Distribution/Dissemination
Mailing Address 1625 L Street, NW			Amount	12 2014
City	Ctoto	Zin Codo		9.79
City Washington	State DC	Zip Code 20036		8.28 n ID : D549609
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	Date of Dis	bursement or Obligation / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		86551.91	Disbursement For: 2014 Other (s	Primary
Full Name of Payee				blic Distribution/Dissemination
Great Lakes Regional Organizi	ng Committee/LIUNA	General Treasury	M = M	/ D D / Y Y Y Y
Mailing Address 8770 Bryn Mawr Ave	. #4040		10	12 2014
Mailing Address 8770 Bryn Mawr Ave	,#1212		Amount	
City	State	Zip Code		24.85
Chicago	IL	60631		ID: D549623 sbursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	10	12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		86551.91	Disbursement For: 2014 Other (Primary
(a) SUBTOTAL of Itemized Independent	Expenditures		>	33.13
(b) SUBTOTAL of Unitemized Independent	ent Expenditures		· •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date		2014
Signature		_		

Schedule E)	PAGE 12 OF 12 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Workers' Voice	C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Great Lakes Regional Organizing Committee/LIUNA General Treasury	ublic Distribution/Dissemination
Mailing Address 8770 Bryn Mawr Ave, #1212 Amount	12 2014
City State Zip Code	24.85
Chicago IL 60631 Transacti	on ID : D549626 hisbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001 10	
Name of Federal Candidate Support Office Sought:	House District: 00
GARY PETERS Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	or: Primary X General · (specify) ▶
Full Name of Payee Date of P	Public Distribution/Dissemination
Mailing Address Amount	
City State Zip Code	7
Purpose of Expenditure Category/ Type Date of D	Disbursement or Obligation
Name of Federal Candidate Support Office Sought: Oppose President	House District:
Calendar Year-To-Date Disbursement For Per Election for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	24.85
(b) SUBTOTAL of Unitemized Independent Expenditures	4
(c) TOTAL Independent Expenditures	4421.70
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
(F) (' 11 F) 11	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y